

| MULTIPLE PAYMENTS LIST | | | | | | Page | of | Pages |
|--|--|------------------------------|--|---|---|----------------------------|----|-------------------------------------|
| <div style="text-align: right; font-size: small; margin-bottom: 5px;">PRIVACY ACT STATEMENT</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AUTHORITY: Title 5 USC 5516, 5517, 5520, and 5701; Title 37 USC 404-427; and E.O. 9397</p> <p>PRINCIPAL PURPOSE(S): Used to supplement DD Form 1351-2, "Travel Voucher or Subvoucher," to substantiate claims for reimbursement when multiple individuals of an organization are performing official travel at the same time, between the same points, and accounting data is the same. The information collected may also be used as a payroll list.</p> <p>ROUTINE USE(S): Information may be furnished to an employee's state and/or local taxing authorities, to comply with agreements entered into by the Secretary of the Treasury, for verification of filing information used by an individual in a tax return; in addition, release of information on this form may be made to Federal, state, local or foreign law enforcement agencies, for investigation of and possible prosecution of an individual charged with violating any law, statute, rule, regulation, or order in this claim for restitution.</p> <p>DISCLOSURE: Voluntary; however, failure to furnish requested information may result in total or partial denial of amount claimed.</p> </div> <div style="width: 50%;"></div> </div> | | | | | | | | |
| 1. TYPE OF PAYMENT <i>(Check applicable)</i> | | | | | | D.O. VOUCHER NUMBER | | |
| MILITARY PAY (MP) | | TRAVEL ALLOWANCE (TA) | | OTHER <i>(Specify)</i> | | PAID BY | | |
| 2. PAYROLL NUMBER <i>(If applicable)</i> | | | | 3. DATE OF COMPUTED PAYMENT | | | | |
| 4. ORGANIZATION AND STATION | | | | | | | | |
| 5. PAYEE IDENTIFICATION | | | | e. TRAVEL ORDER OR OTHER AUTHORITY | | f. AMOUNT | | g. SIGNATURE OR CHECK NUMBER |
| a. LAST | | b. FIRST | | c. MI | | d. SSN | | |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 | | | | | | | | 8 |
| 9 | | | | | | | | 9 |
| 10 | | | | | | | | 10 |
| 11 | | | | | | | | 11 |
| 12 | | | | | | | | 12 |
| 13 | | | | | | | | 13 |
| 14 | | | | | | | | 14 |
| 15 | | | | | | | | 15 |
| 16 | | | | | | | | 16 |
| 17 | | | | | | | | 17 |
| 18 | | | | | | | | 18 |
| 19 | | | | | | | | 19 |
| 20 | | | | | | | | 20 |
| 21 | | | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | | | | | | | | 23 |
| 24 | | | | | | | | 24 |
| PAGE TOTAL | | | | | | | | |
| 6. ACCOUNTING CLASSIFICATION | | | | | | | | |
| 7. PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THESE STATEMENTS ARE CORRECT AND PROPER | | | | | | | | |
| a. NAME AND TITLE OF CERTIFYING OFFICER <i>(Please type)</i> | | | | | b. CERTIFYING OFFICER <i>(Signature)</i> | | | |